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Permanent Commission on the Status of Women

The State's leading force for women's equality

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**Written Testimony of
 The Permanent Commission on the Status of Women
 Before the
 Insurance and Real Estate Committee
 February 3, 2011**

**RE: S.B. 10, AAC Insurance Coverage for Breast Magnetic Resonance Imaging
 S.B. 12, AA Prohibiting Copayments for Preventative Care**

Senators Crisco and Kelly, Representatives Megna and Coutu and members of the committee, thank you for this opportunity to provide written testimony on behalf of the Permanent Commission on the Status of Women (PCSW) in response to the introduction of S.B. 10, AAC Insurance Coverage for Breast Magnetic Resonance Imaging and S.B. 12, AA Prohibiting Copayments for Preventative Care

S.B. 10, AAC Insurance Coverage for Breast Magnetic Resonance Imaging

S. B. 10 would provide insurance coverage for breast magnetic resonance imaging when an annual mammogram demonstrates heterogeneous or dense breast tissue. Passage of this bill would benefit 40% of Connecticut's population – the 1.4 million Connecticut women over the age of 18¹ who are at risk of being diagnosed with breast cancer.

CT Specific Data:

- In 2005, 2,802 women were diagnosed with malignant breast cancer.²
- 75% of breast cancers diagnosed are in women over the age of 50.³
- Breast cancer is diagnosed more often than any other cancer, representing 29% of the diagnosed cancer cases women.⁴
- Connecticut ranks 26th in the nation for the number of deaths from breast cancer.⁵

Women with high density breast tissue are four to five times more likely to develop cancer than women with low density breast tissue.⁶ Patients with high breast tissue density often need more than a regular mammogram to

¹ U.S. Census Bureau, American Fact Finder, 2009 Population Estimates.

² CT Department of Public Health, <http://www.ct.gov/dph/cwp/view.asp?a=3134&q=396512>

³ Ibid.

⁴ The CT Tumor Registry, Cancer in Connecticut in 2005 With a Focus on Tobacco Related Cancers, February 2009

⁵ Ibid.

⁶ <<http://www.komen.org/BreastCancer/HighBreastDensityonMammogram.html?terms=dense+breast+tissue>>.

ensure that breast cancer tumors are not present. Providing alternative screening tools would assist women to discover and treat breast cancer earlier.

S.B. 12, AA Prohibiting Copayments for Preventative Care

S.B. 12 would prohibit co-payments, deductibles or other out-of-pocket expenses for preventative care services, defined as (1) annual physicals and periodic health evaluations, including test and diagnostic procedures ordered in connection with routine examinations such as annual physicals; (2) routine prenatal and well-child care; (3) child and adult immunizations; (4) tobacco cessation programs; and (5) obesity weight loss programs as prescribed by a licensed physician. Passage of this bill would positively impact:

CT Specific Data:

- 20% of households who do not have enough income to meet their basic costs of living based upon the family economic self-sufficiency standard (FESS). Of the 20%, female head of households represent 29% vs. 14% of male head of households.⁷
- 21% percent of female-headed families who live below the poverty line.⁸
- 43.9% of adult women and 56% of the entire adult population who are overweight or obese.⁹
- 14.8% of women who smoke (206,800 women); of which 7% are pregnant women¹⁰

Almost 8% of working adults in Connecticut spend 20% or more of their income on out-of-pocket medical expenses.¹¹ Connecticut women have higher out-of-pocket medical expenses than men, and are more vulnerable to medical debt. Fifty-six percent (56%) of medical bankruptcy filers are women.¹² As health care costs grow, more than one-quarter of non-elderly women (27%) and two-thirds of uninsured women (67%) report they delayed or went without care they believed they needed because they could not afford it.¹³

Health care and insurance must be affordable so that true universality is accomplished. This means that low-income households should be exempt from cost-sharing while higher income households should pay no more than 5% of family income on total health care costs. This bill would provide the opportunity for Connecticut's residents to be healthy citizens despite the ups and downs of their financial situation, which would result in decreased healthcare expenses.

We look forward to working with you to address these issues. Thank you for your consideration.

⁷ Diana M. Pearce, Ph.D. *Overlooked and Undercounted: Where Connecticut Stands*. Prepared for the Permanent Commission on the Status of Women, June 2007 – also source for self-sufficiency charts.

⁸ U.S. Census Bureau, American Fact Finder, Connecticut Selected Economic Characteristics: 2005-2007

⁹ Kaiser Family Foundation. Connecticut: Overweight and Obesity Rates for Adults by Sex, 2009.

¹⁰ Campaign for Tobacco Free Kids. *Mother's Day Data on Smoking Moms and Related Harms, 2010 Update*. <<http://www.tobaccofreekids.org/research/factsheets/pdf/0257.pdf>>

¹¹ State Health Access Data Assistance Center, December 2007

¹² D.U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," *Health Affairs*. February 2005.

¹³ Kaiser Family Foundation, News Release, July 2005



